MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179)

CERTIFICATE OF DEATH

11872

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Greensboro Rural.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 2 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carl F. Bawm

3. (b) Social Security Number 062-07-2053

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	W	Married.

B (b) Name of husband or wife Kuma Bawm.

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 10. 1880

8. AGE:

Years	Months	Days	If less than one day
58	9	9	hrs. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business —

FATHER 12. Name Unknown

FATHER 13. Birthplace Germany.

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Germany.

16. Informant Mrs. Kuma Bawm.

Address Greensboro Md.

17. Greensboro (Burial, cremation, or removal. Which?) Date thereof Dec 22, 39 (month) (day) (year)

Cemetery or crematory Greensboro md.

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro md.

19. 12/21/39 (Date rec'd by registrar) 19 12/21 A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1939 at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Acute Nephritis	
Natural Causes	
Due to (Primary Cause): Do not know.	
no further information.	
Due to Cardiac	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilbur N. Nichols M. D. or other

Address Deputy Medical Examiner Date signed 12/24/39

RECEIVED
JAN 3 1940
BUREAU M. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

11873

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline County

City or town Near Hillsboro R.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Bobes

3. (b) Social Security Number

4. Sex M.

5. Color or race Col

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15th 1874

8. AGE: Years 65 Months ~~4~~ 3 Days 26 If less than one day hrs. min.

9. Birthplace Hillsboro Md (Town, county, and state)

10. Usual occupation Day Labor

11. Industry or business

FATHER 12. Name Warner Bobes

13. Birthplace Hillsboro Md

MOTHER 14. Maiden name Mary Lewis

15. Birthplace Hillsboro Md.

16. Informant John Bobes (Brother)

Address Hillsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-13-39 (month) (day) (year)

Cemetery or crematory Spring Grove Cemetery

Location Denton Md

18. Funeral director J. Virgil Moore

Address Denton Md.

19. 12-12 1939 (Date rec'd by registrar) Wm D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1939, at 7 P 24 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Did not see patient alive - History given me indicates

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson T George M. D. or other

Address Denton Date signed 12/12/39

RECEIVED
JAN 4 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11874

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. East Central Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard W. Christopher

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Christopher

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) September 8, 1877

8. AGE:

Years	Months	Days	If less than one day
62	2	29	hrs. min.

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Contractor

11. Industry or business Cement Blocks

FATHER 12. Name Thomas E. Christopher

13. Birthplace Caroline County, Maryland

MOTHER 14. Maiden name Mina Andrew

15. Birthplace Caroline County Maryland

16. Informant Mrs. Elizabeth Christopher

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10 1939 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

16. Funeral director J. J. Fountain & Son

Address Federalsburg, Maryland

19. Dec. 7 1939 S. S. Frampton Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1939, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/7 1939, to 12/7 1939, and that I last saw alive on 12/7 1939

Immediate cause of death	Duration
Coronary Thrombosis	1 hr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M. D. or other

Address Federalsburg Md Date signed 12/7/39

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JAN 6 1940
BUREAU V. S.

11875

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City Hobbs Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Clendaniel If U. S. Veteran, specify WAR

(a) Residence: No. Hobbs Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 18-1939

7. AGE Years — Months — Days — If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hobbs (State or country) Md

FATHER

13. NAME Harold Clendaniel

14. BIRTHPLACE (city or town) Milford (State or country) Del

MOTHER

15. MAIDEN NAME Celeste Clark

16. BIRTHPLACE (city or town) Preston (State or country) Md.

17. INFORMANT Harold Clendaniel (Address) Milford Del.

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg Del. Date 12-18, 1939

19. UNDERTAKER J. V. Moore & Son (Address) Denton Md.

20. FILED 12/18, 1939 Wm D O George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1939, to Dec 18, 1939

I last saw h — alive on —, 19—; death is said to have occurred on the date stated above, at — m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Still born - Cord wrapped around neck and collapsed.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Paul Knotts M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11876

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg – Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Smithville Road

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg – Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Smithville Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Minnie Harrison (Davis)

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William F. Davis

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): April 21, 1889

8. AGE:

Years	Months	Days	If less than one day
50	7	18	____ hrs. ____ min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER
12. Name: James E. Williamson
13. Birthplace: Caroline County, Maryland

MOTHER
14. Maiden name: Margaret Williams
15. Birthplace: Caroline County, Maryland

16. Informant: William F. Davis
Address: Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 11, 1939 (month) (day) (year)

Cemetery or crematory: Bloomery Cemetery

Location: Near Federalsburg, Maryland

19. Funeral director: J. J. Frampton & Son

Address: Federalsburg Maryland

19. Dec. 11 1939 S. S. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 9 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1926 to Dec 9 1939, and that I last saw her alive on Dec 9 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 yrs.
Due to	
Due to	
Other conditions: Bronchial asthema	9 yr (1930)

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. Paul Trotts M.D.
M. D. or other

Address: Denton Md Date signed: Dec. 11, 1939

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11877

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Caroline — Registration Dist. No. 63

Village or City Preston — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillbirth Devlin — If U. S. Veteran, specify WAR

(a) Residence: No. Preston Maryland St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/13/39.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Still birth			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Preston
(State or country) Maryland

FATHER

13. NAME William Henry Keech Devlin

14. BIRTHPLACE (city or town) Avalon P
(State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Gertrude Berrett

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

17. INFORMANT Father, Wm H K. Devlin
(Address) Preston, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Home Burial Grou Date 12/13 19 39

19. UNDERTAKER Wm H K. Devlin
(Address) Preston, Maryland

20. FILED Dec. 13, 19 39 Cornelius D. Plummer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
December (Month) 13 (Day), 193 39 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on Never, 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillbirth possibly due to	?
Hydrocephalus & Spina Bifida	
Congenital T.B. peritonitis	
No Autopsy Performed.	

Other Contributory Causes of Importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hugh D. Plummer M. D.

(Address) Preston Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 3 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11878

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline

City or town Henderson R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Henderson R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Jarman.

3. (b) Social Security Number None

4. Sex Female

5. Color or race W.

6. (a) Single, married, widowed, or divorced widowed.

6 (b) Name of husband or wife Alexander Jarman.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1865

8. AGE: Years 74 Months 9 Days 29 If less than one day hrs. min.

9. Birthplace Caroline G. Maryland. (Rural) (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John Kirk

13. Birthplace Del.

MOTHER 14. Maiden name Ellen Price

15. Birthplace Del.

16. Informant Mrs. Julia Melvin

Address Henderson, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 9, 1939 (month) (day) (year)

Cemetery or crematory Greensboro.

Location Greensboro Caroline Co Md

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. 12/8/39 (Date rec'd by registrar) 19 A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1939, at 4.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Dec 7 1939, and that I last saw her alive on 12/7 1939.

Immediate cause of death Cerebral Hemorrhage, 7 days

Due to Arterio Renal Changes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE K. F. Delver. M. D. or other

Address Kaldeboro Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11879

(131)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 63

Village or City New Preston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel G. Layton If U. S. Veteran, specify WAR

(a) Residence: No. same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Samuel Layton

6. DATE OF BIRTH (month, day, and year) April 4 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Layton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clarice Travers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Samuel Layton (Address) Preston

18. BURIAL, CREMATION, OR REMOVAL Place Vienna Date Dec 26, 1939

19. UNDERTAKER H. K. Walling Sons (Address) East New Market

20. FILED Dec. 26, 1939 Cornelia D. Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 22nd (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1939, to Dec. 22, 1939

I last saw him alive on December 22, 1939; death is said to have occurred on the date stated above, at 8:15 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	?

Other Contributory Causes of importance: Generalized Arteriosclerosis with Cardio-Vascular Renal Disease.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. E. Plummer M. D.

(Address) Federalsburg Md

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

11880

CERTIFICATE OF DEATH

(95P)

Reg. Dist. No. 61

1. PLACE OF DEATH:
County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infante give residence of mother)
State Maryland County Caroline
City or town Greensboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah E. Lewis

3. (b) Social Security Number

4. Sex Female
5. Color or race W
6.(a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife William A. Lewis
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 17 1873

8. AGE: Years 66 Months 11 Days 23 If less than one day hrs. min.

9. Birthplace Centreville Queen Ann. Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business ✓
FATHER
12. Name James Harris
13. Birthplace Centreville Queen Ann Md
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
16. Informant William A. Lewis
Address Box 281 Marcus Hook PA
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1939 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville Md.
18. Funeral director Raymond B. Rawlings
Address Greensboro Md
19. Dec. 28 1939 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1939, at 1P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1939, to Dec. 25 1939, and that I last saw her alive on Dec. 25 1939.
Immediate cause of death Broadis Pneumonia — DURATION 5 da
Due to
Due to
Other conditions Rheumatic Carbid Vascular Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Greensboro Md Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(200-a)

11881

Reg. Dist. No. 60

1. PLACE OF DEATH:
County Caroline
City or town Goldsboro R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Goldsboro R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Nagel.

3. (b) Social Security Number

4. Sex Male
5. Color or race W.
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Josephine Nagel.
6(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) Aug. 10, 1870
8. AGE: Years 69 Months 4 Days If less than one day hrs. min.
9. Birthplace Germany.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business ✓
FATHER 12. Name Unknown
13. Birthplace Germany
MOTHER 14. Maiden name Unknown.
15. Birthplace Germany.
16. Informant Mrs. Josephine Nagel
Address Goldsboro Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 18, 1939 (month) (day) (year)
Cemetery or crematory Greensboro
Location Greensboro. Md.
18. Funeral director Raymond B. Rawlings
Address Greensboro. Md.
19. 12/16/39 (Date rec'd by registrar) 19 A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH unknown about a week when found 19 , at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death Was found dead sitting in chair
Due to Natural Causes
Had been dead about 5 days
Due to Primary Cause: Do not know. No further information. C.W.G.R.
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melvin N. Nichols M. D. or other
Address Deputy Medical Examiner Date signed 12/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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11882

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Fisher Phillips

3. (b) Social Security Number

4. Sex: m

5. Color or race: w

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): Mar. 9th 1851

8. AGE: Years: 87 Months: 8 Days: 20 If less than one day ___ hrs. ___ min.

9. Birthplace (Town, county, and state)

10. Usual occupation: Retired farmer

11. Industry or business: Milton Del.

FATHER

12. Name: James Phillips

13. Birthplace: Delaware

MOTHER

14. Maiden name: Sarah Carpenter.

15. Birthplace: Del.

16. Informant: Mrs. Jennie Crouse

Address: Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-10-39 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Moore & Son

Address: Denton Md.

19. Dec. 8 1939 Mr H O Yenge (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6th 1939, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Dec 6 1939, and that I last saw him alive on Dec 6 1939.

Immediate cause of death: Heart Disease Mitral Regurgitation

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm N Nichols M. D. or other

Address: Denton Md. Date signed 1/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11883

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Hobbs, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Burton Russell Smith

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Gertrude Lord Smith

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Feb. 19th 1881

8. AGE: Years 58 | Months 10 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace Phila. Penn.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Newton Willoughby
13. Birthplace Hobbs Md.

MOTHER
14. Maiden name Mary Smith
15. Birthplace Denton Maryland

16. Informant Wilson Smith (Son)

Address R. Denton Md.

17. Burial Date thereof 1-2-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Maryland

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 1-2 1939 Mr D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939, at 11½ A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1936, to Dec 31 1939, and that I last saw him alive on Dec 31 1939.

Immediate cause of death	DURATION
Due to Arteria Sclerosis	1936
Due to Cerebral Hemorrhage	12/30/39
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson O George MD
M. D. or other

Address Denton Md Date signed 1-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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